



Fermilab

# FERMI NATIONAL ACCELERATOR LABORATORY

## Monthly Leave Usage

ID:

Mail To:

Paygroup:

Pay End Date:

Dept:

MS:

### Previous Month

### Current Month

22 23 24 25 26  
27 28 29 30 31

1 2 3 4 5 6 7  
8 9 10 11 12 13 14

Please indicate the leave usage as follows:

15 16 17 18 19 20 21

V - Vacation  
S - Sick Leave  
L - Leave Without Pay

M - Military Duty  
F - Floating Holiday

J - Jury Duty  
D - Death In Family

### LABOR DISTRIBUTION

Project

Task

Pct

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| a<br>c<br>c<br>o<br>u<br>n<br>t<br>i<br>n<br>g | RGS |  |  |  |  |
|  | VAS |  |  |  |  |
|  | SKS |  |  |  |  |
|  | JRS |  |  |  |  |
|  | FLS |  |  |  |  |
|  | DFS |  |  |  |  |
|  |     |  |  |  |  |
|  |     |  |  |  |  |
|  |     |  |  |  |  |
|  |     |  |  |  |  |

I hereby certify that the time reported  
above represents a true statement

EMPLOYEE  
SIGNATURE

Date: / /

APPROVER  
ID

AUTHORIZED  
SIGNATURE

Date: / /

Comments:

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.

Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.

rev: 04/03